

Commonwealth of Virginia



Application for a Department of Health Hotel/Motel/Bed & Breakfast Permit

Application for a: ☐ New establishment ☐ Renewal ☐ Name change ☐ Change of owner

Establishment Name: _____

Establishment Address: _____ City: _____ State: _____ Zip: _____

Establishment Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____

Establishment I. D. #: _____

Legal Ownership

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary)

Owner Name: _____ Title: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____ E-Mail: _____

Establishment Owner Is A/An: ☐ Association, ☐ Corporation, ☐ Individual, ☐ Partnership, ☐ Other

Operator

The Person Directly Responsible For the Establishment

Operator Name: _____ Title: _____

Operator Address: _____ City: _____ State: _____ Zip: _____

Operator Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____ E-Mail: _____

Number of seats: _____ Number of Guests: _____ Number of Rooms: _____

Hours of Operation: _____

Water Supply: (check appropriate box) ☐ Public - Name _____ or ☐ Private - Type _____

Sewage: (check appropriate box) ☐ Public - Name _____ or ☐ Private - Type _____

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

<u>For Official Use Only</u>	Date		Date		EHS
Date Plan Review Paid		Date Released For Building Permit			
		Date Released For Occupancy Permit			
Date HD Permit Fee Paid		Date Approved For HD Permit			
		Date Issued HD Permit			

Loudoun County Health Department
1 Harrison Street, S.E.
Leesburg, VA 20177
(703) 777-0234

Plan Review Fee \$40
Health Department Permit Fee \$40
Make Checks Payable to VDH